Surprise checks in C.G.H.S. dispensaries

*214. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether surprise checks were conducted at certain C.G.H.S. dispensaries in the Capital recently by a task force;

(b) if so, the details of the report submitted by the task force, dispensary-wise;

(c) the action taken by Government against delinquent doctors and the attached chemists who are not supplying the prescribed medicines to the patients; and

(d) the fresh steps taken to ensure availability of prescribed medicines at C.G.H.S. dispensaries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR):

(a) Yes, Sir.

(b) The consolidated detailed report submitted by the Task Force is annexed as Statement *(See* below).

(c) The CMO In-charge, Lodhi Road dispensary has been instructed to be careful in future and to ensure proper behaviour from the Mc^icnl Officers and staff of the dispensary. CMO In-chargc of Sarojini N™ar Market Dispensary was asked to explain the poor maintenance of the dispensary and his explanation is being examined by the Department of Health for necessary action. Dr. J.S. Ahuja has been transferred from CGHS Dispensary, Sarojini Nagar Market. Orders have been issued to the CGHS dispensary, Chanakyapuri not to place indents on M/s. Mohan Sons, Lajpat Nagar, the local chemist, against whom the Task Force had reported. This dispensary has now been attached to M/s. Gupta Medicos, Basurkar Market, Moti Bagh, for supply of medicines on indent. A decision has been taken to get the samples collected by the Task Force tested by the Manufacturer conccrned/CDL, Kolkata, which is a Government of India Laboratory. As regards punctuality, attendance and behaviour of doctors and staff towards patients,

instructions have been issued to CMOs to ensure that such instances do not recur.

(d) The new combined formulary for MSO and the CGHS has been released on 14.2.2002 and the process of procurement of medicines as per the new formulary for CGHS has been initiated. This will ensure adequate supply of medicines to dispensaries.

Statement

Report of Task Force on the Inspection of Dispensaries

Dispensaries inspected: The inspections were started on 17th February, 2002. The dispensaries inspected in detail were:—

1. Sarojini Nagar Market.
2. Chanakyapuri Dispensary
3. Lodhi Road Dispensary No. 10

In addition, the following dispensaries were inspected also with regard to attendance and punctuality, i.e. Pandara Road and Dr. Z.H. Road.

The following aspects were looked into during the inspections as per the directions contained in Office Order No. S-11030/1/2000-CCHS(P) dated 7.1.2002.

1. Functuality
2. Attendance of Staff
3. Behaviour of Staff
4. Availability of Medicines—Stores and Local Purchase
5. Incidence of substitution of prescribed drugs by Local Chemists
6. Cleanliness and Hygiene
7. Limited Sampling of drugs supplied as per directions

Functuality:

The impressions gained was that very few of staff are in position by 8.30 a.m. and though most of them are in place by 8 a.m., it is necessary that all in-charges be once sensitized to the importance of punctuality, and zonal additional directors should conduct frequent books to ensure attendance on time.

Attendance of Staff:

The staff is not marking the time of arrival and departure in the register. Sometimes, the junior staffs have a tendency to mark the register once in 3-4 days, and often the arrival and departure signatures arc signed at the time of arrival itself. There is a need for the In-chargc to clearly mark afternoon and night duties in the register on the day of the duty. Most of the staff was in position during the inspection.

Behaviour of staff:

While in case of Sarojini Nagar and Chanakyapuri dispensaries, patients who were interviewed were satisfied in general with the behaviour of doctors and staff. However, at Lodhi Road No. 10 dispensary, the patients felt that the behaviour c[f] the staff was disappointing. It was observed that some doctors were taking inordinately long time in having snacks and tea while patients were waiting. The In-chargc was directed to ensure that such incidents did not, recur. This aspect needs greater attention.

Availability of medicines-Stores and Local Purchase:

MSD Supply: The drugs supplied by MSD only constitute 10%—20% of the total requirement. The patients arc also not willing to accept these drugs as they arc perceived to be of inferior quality and manufactured by companies, which arc not reputed. A number of complaints against the staff arc really based on the fact that instruction arc that in case MSD supply is available in case of any drug, then the same should not be indented from the local chemist even if it means Substitution of brand. However, the patient who arc unaware of the instruction arc not willing to accept the drugs from MSD supply, of a brand not prescribed by the specialist. Non-drug items like gauze and bandage arc not being supplied by the MSD. This aspect needs looking into.

Local Chemist Supply: By and large, most dispensaries were refusing to accept medicines which were not exactly as per brand name prescribed by the doctor. However, in Chanakyapuri dispensary which was inspected on 18.1.2002, the supplier, i.e., the chemist had

stopped supplies for 7 days as he insisted on supplying substitute brands which were not being accepted by the dispensary.

Supplies in most cases were being made on the 3rd day and the patients had no complaints on this score in any place that the team visited. It was learnt that in Lodhi Road Dispensary on 22.1.2002 that the local chemists were on strike since 21.1.2002 and no instructions had been issued by the CGHS Directorate, till that time, as to what action was to be taken to supply drugs to the patients.

Cleanliness and Hygiene:

While Pandara Road, Zakir Hussain Road and Chanakyapuri dispensaries were found to be clean and properly maintained, Sarojini Nagar Dispensary was in slightly dilapidated and dirty state. It is housed in a block of 4 type III flats. The CPWD had not conducted any maintenance work and there was floor subsidence and leakage of sewage behind the dispensary in its premises. In addition, the dispensary area is shared with 2 other occupants and the laboratory adjoins the flats occupied by other people which not only poses them health risk but also *vice versa.*

Sampling of Drugs:

In conversation, with patients and doctors, there were doubts expresed about the efficacy of some drugs supplied through the MSD. It was also felt by some doctors informally, that certain local chemists were also supplying drugs of questionable quality and the possibility of the drugs being sourced from places were counterfeit drugs that are available could not be ruled out by them. However, most of these statements are based on presumption and no solid evidence is available in the matter. Therefore, as per directions of the Ministry, samples of three commonly used drugs supplied from MSD and three commonly used drugs supplied by local chemist belonging to reputed manufactures were drawn so as to verify the quality in order to set aside all doubt in the matter. Three packets of the samples arc

available with the team and instructions are sought as to whom they should be handed over to:

1. Dr. A.C. Hazarika, SdA
2. Dr. M.R. Chowdhury Sd/-
3. Dr. Krishna Kumar SdA
4. Dr. N.K. Kashyap Sd/-
5. Dr. Srinivas Tata Sd/-New Delhi.

January 23, 2002

Funds for Medical Research

*215. SHRI R. KAMARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are considering to earmark more funds for medical research in the Tenth Plan period; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The Indian Council of Medical Research (ICMR) is the principal body responsible for conducting and supporting medical research in India. Research studies are being conducted at the ICMR institutes and supported in medical colleges, universities, or other research institutes. Against 9th Five Year Plan allocation of Rs. 338.17 crores to Indian Council of Medical Research, in the 10th Five Year Plan (2002-07), an outlay of Rs. 1000 crores has been proposed to the Planning Commission. As the size of the Xth Plan is yet to be finalized, it will not be possible to mention the extend of funding approved in the Xth Plan. Some of the major proposed activities of ICMR during the Xth Plan are as under:—

1. Collection, compilation and analysis of health statistics.
2. Disease surveillance using tools of molecular biology for both communicable and non-communicable diseases.
3. Application tools of bio-informatics to develop a health research system.
4. Environmental and occupational health and risk assessment.
5. Intellectual property rights/technology transfer.